



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Itai BAB et al.

Appl. No. 10/766,527

Confirmation No. 2819

Filed: January 29, 2004

For: OSTEOGENIC GROWTH
OLIGOPEPTIDES AS
STIMULANTS OF
HEMATOPOIESIS

Art Unit: 1646

Examiner: T. Heard

Atty. Docket No. 31949-200571

Customer No.

26694

PATENT TRADEMARK OFFICE

AMENDMENT

Mail Stop: Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

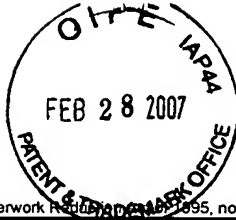
Sir:

In response to the Office Action issued October 30, 2006, please consider the following amendments and consider the following remarks.

Amendments to the claims begin on page 2.

Remarks begin on page 10.

Please extend the time to respond for one month and charge the required fee and any other necessary fees, or credit any refund, to Deposit Account 22-0261.



3/26/07

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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| | | | | | |
|---|--|--------------------------|------------------|---------------------|--------------|
| FEE TRANSMITTAL For FY 2006 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known | | | |
| | | Application Number | 10/766,527 | | |
| | | Filing Date | January 29, 2004 | | |
| | | First Named Inventor | Itai BAB | | |
| | | Examiner Name | | | |
| | | Art Unit | 1646 | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 240.00 | Attorney Docket No. | 31949-200571 |

| | |
|---|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): | |
| <input checked="" type="checkbox"/> Deposit Account | Deposit Account Number: 22-0261 |
| | Deposit Account Name: Venable LLP |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

| | | | | | | | |
|---|---------------------|---|--------------------|------------------------------|----------------------------------|------------------------------|------------------------------|
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | Fee (\$) | Small Entity Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| - 20 = | | x | = | | Fee (\$) | | Fee Paid (\$) |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| - 3 = | | x | = | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| - 100 = | /50 | (round up to a whole number) x | = | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other (e.g., late filing surcharge): | | | | | | | |
| Petition for Extension of time (1-month) | | | | | | \$ 60 | |
| Information Disclosure Statement | | | | | | \$180 | |

| | | | |
|---------------------|---------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | | Registration No. (Attorney/Agent) | 36,830 |
| Name (Print/Type) | Ann S. Hobbs, Ph.D. | Telephone | (202) 344-4000 |
| | | Date | February 28, 2007 |

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